

PROBATIONARY - PERFORMANCE PLANNING AND REVIEW DOCUMENT

Probationary Employee Name: _____ Position Title: _____

Hire Date: _____ 3-Month Review: _____ 5-Month Review: _____

Department: _____ Supervisor's Name: _____

Items for Discussion	Supervisor's Comments (Required)
PROFESSIONALISM:	
Attitude	
Acceptance of Responsibility	
Dependability	
Professional/Personal Growth	
Attendance	
WORK:	
Job Knowledge	
Work Quality	
Customer Service	
Communication	
Teamwork	
Flexibility	
Safe/Unsafe Work Practices	
OPTIONAL FACTORS:	
EMPLOYEE-INPUT FORM:	
Attached & Discussed	

Additional comments by Supervisor:

Comments by Employee:

Supervisors and employees are required to sign this form. Signatures indicate that the supervisor and employee have discussed performance and the comments written on this document. Signatures do not necessarily indicate agreement.

Supervisor Signature:	_____	Three-month Review Date:	_____
Employee Signature:	_____	Three-month Review Date:	_____
Next-Level Supervisor Signature	_____	Three-month Review Date:	_____

Supervisor Signature:	_____	Five-month Review Date:	_____
Employee Signature:	_____	Five-month Review Date:	_____
Next-Level Supervisor Signature	_____	Five-month Review Date:	_____

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Probationary Employee name: _____

Department: _____

Three-month Review Date: _____ Five-month Review Date: _____

PPAR - EMPLOYEE INPUT FORM

(Supervisors: Please add 3 additional questions, either from the list of suggested questions, or questions of your own.)

1. Identify two key projects and/or goals you would like to accomplish in the next review period and what you need to accomplish these projects and/or goals.
2. How can I as your supervisor provide more feedback/support to you?
- 3.
- 4.
- 5.
- 1.